



EXAMPLE:

Yes ☒ No ☐

APPLICATION FOR CONTINUING EDUCATION SCHOOL APPROVAL

SCHOOL INFORMATION

I understand that the operation of this school is subject to licensing and regulation as provided by Title 10, Chapter 1702 Occupations Code and Administrative Rules. Yes ☐ No ☐

I understand that the named Continuing Education (CE) school must use **only Program approved instructors** who are qualified to instruct the subject of instruction being taught. Yes ☐ No ☐

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

Type of CE Application: ☐ Original ☐ Renewal

Type(s) of Continuing Education courses that will be taught: (CHECK ALL THAT APPLY)

☐ Alarm CE (DOES NOT INCLUDE ALARM LEVEL ONE)

☐ Electronic Access Control Device CE

☐ Locksmith CE

☐ Private Investigation CE

☐ Security CE (ONLY APPLIES TO SALESPERSON, SECURITY CONSULTANT AND MANAGER OF SECURITY COMPANY)

School Name

I understand that the CE school **must** have a Physical address within the State of Texas and that a U.S. post office box (PO Box) **will NOT** be considered a physical address. Yes ☐ No ☐

Address

City

State
(2-Digit Code)

ZIP

School Phone ()

School Email
(Optional)

I understand that the CE school **must** have a school director who lives and maintains an office in the State of Texas. Yes ☐ No ☐

Director's Last Name

First

M.I.

Suffix
(If Any)

I understand that the CE school **must maintain records** within the State of Texas of all instructors, courses taught, number of hours presented and any Texas licensed or registered attendees of the sponsored school for a period of five (5) years. The Bureau shall inspect 10% of licensees and registrants annually to assure compliance with these requirements and to maintain the integrity of the continuing education program. Yes ☐ No ☐

I understand that the CE school **must provide a certificate** of completion to all students successfully completing statutorily required and Bureau approved training conducted by the school as required by Title 10, Chapter 1702 Occupations Code and Administrative Rules. (see Administrative Rules 35.291 through 35.292 for requirements of Continuing Education Course and licensing of CE School). Yes ☐ No ☐

PAYMENT INFORMATION

Continuing Education School Application Fee: \$350 original fee + \$11 subscription fee = **\$361** total

I am submitting the appropriate fee(s) with this application **by mail**. Yes ☐ *If yes, a PSB-50 form **must** be submitted with this application.
(Note: Payment must be in the form of a cashier's check, money order or company check.) No ☐

I understand that all fees submitted to Private Security are **non-refundable**, are **not** transferable and that, in accordance with Administrative Rule 35.77, I will have **90 days** from the date the application is received by the Department to turn in all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply. Yes ☐ No ☐

SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)

I understand that I **must submit a course outline** on form PSB-10B for **each** Continuing Education course to be taught at the CE school, as part of this application process. Yes ☐ No ☐

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Applicant Signature _____ Date ____ / ____ / ____

This form and attachments can be forwarded by mail to:

Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999